

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Stroke Center Designation

STATUTORY AUTHORITY:

P.L. 2004, c.136, codified @ N.J.S.A.26;2H-12.27
through 26;2H-12.32

GRANT PROGRAM NO. 07-73-HPF

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Create/designate as many NJ hospitals as either Primary or Comprehensive Stroke Centers.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Three million dollars (\$3,000,000) per year pending Legislative allocation of monies to the Department. A single award cannot exceed more than \$250,000 or 50 % of the hospital's cost for developing the necessary infrastructure to satisfy stroke center designation criteria, whichever is less. No more than 20% of available funding (\$600,000) shall be awarded to applicants who will be seeking designation as a comprehensive stroke center. The award will begin on or about November 1, 2006. Matching grant awards shall be made to at least two applicant hospitals in the northern region of the state (Bergen, Hudson, Essex, Passaic, Morris, Sussex and Warren counties), the central region (Union, Somerset, Hunterdon, Mercer, Middlesex and Monmouth counties) and the southern region (Burlington, Camden, Gloucester, Salem, Cumberland, Cape May, Atlantic and Ocean counties).

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Any licensed general hospital within the State may apply.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Hospitals applying for grants related to primary or comprehensive stroke center designations will be evaluated in accordance with the criteria established via the pursuant legislation and Request for Application .

APPLICATION PROCEDURES:

Applicants are directed to access a grant application and the associated RFA from the Department's WEB page (<http://nj.gov/health/>) and submit a completed grant applications to the Division of Health Care Quality & Oversight, Office of Administration, DHSS, PO Box 360, Trenton NJ 08625-0360. Applicants will receive a receipt for each received package.

FOR INFORMATION CONTACT:

John A Calabria, Director, CN and Acute Care Licensure
NJDHSS
PO Box 360,
Trenton NJ 08625-0360

TELEPHONE: (609) 292-8773

FAX: (609) 292-3780

E-MAIL: John.Calabria@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

August 1, 2006/November 1, 2006
